

2002 CAMPAIGN CONTRIBUTIONS AND EXPENSES

State of Nevada

Kindred Healthcare, Inc. PAC

Name (print) Office (if applicable) District (if applicable)
 680 South Fourth Avenue Louisville, KY 40202-2412 502-596-7300
 Mailing Address (include city and zip code) Telephone No.

E-Mail Address

Select Appropriate Box(es) ☐ CANDIDATE ☒ PAC ☐ BAG ☐ POL PRTY ☐ IND EXP ☐ AMENDEE

- ☐ **Report #1 - Due August 27, 2002**
 Office with a 2-year term Period: Jan. 5, 2001 - Aug. 22, 2002
 Office with a 4-year term Period: Dec. 20, 1998 - Aug. 22, 2002
 Office with a 6-year term Period: Dec. 6 1996 - Aug. 22, 2002
BAGs only: Period: Dec. 7, 2000 - Aug. 22, 2002
- ☒ **Report #2 - Due October 29, 2002**
 Period: Aug. 23, 2002 - Oct. 24, 2002
- ☐ **Report #3 - Due January 15, 2003**
 Period: Oct. 25 2002 - Jan. 3, 2003
BAGs only: Period: Oct. 25, 2002 - Dec. 5, 2002

FILE via certified
 OCT 23 2002
 DEAN HELLER
 SECRETARY OF STATE
 FOR OFFICE USE ONLY

BALANCE

This figure should reflect the balance shown on your last Disposition of
 Unspent Contributions Report, or last Contributions & Expenses Report, if any \$37,654.86

CONTRIBUTIONS SUMMARY

"Contribution" means a gift, loan, conveyance, deposit, payment, transfer or distribution
 of money or anything of value other than the services of a volunteer received. (NRS 394A.007)

1.	Total amount of monetary contributions in excess of \$100	\$25,206.50
2.	Total amount of monetary contributions of \$100 or less	\$3,162.50
	Actual number of monetary contributions of \$100 or less	585
3.	Interest and income earned on contributions, if any	\$0.00
4.	TOTAL AMOUNT OF ALL MONETARY CONTRIBUTIONS (add lines 1 through 3)	\$28,369.00
5.	Total amount of In Kind Contributions	\$0.00

EXPENSES SUMMARY

6.	Total amount of monetary expenses in excess of \$100	\$35,500.00
7.	Total amount of monetary expenses of \$100 or less	\$0.00
8.	Expense for filing fee	\$0.00
9.	TOTAL AMOUNT OF ALL MONETARY EXPENSES (add lines 6 through 8)	\$35,500.00
	Remaining Balance (Subtract line 9 from 4)	(\$7,131.00)
10.	Total amount of In Kind Expenses	\$0.00

AFFIRMATION

I declare under penalty of perjury that the foregoing is true and correct.

Teri A. Hartlage
 Signature

10/31/02
 Date Executed On